

Testimony of Kristen Lawton Barry, Ph.D.
To the Policy Committee
Of the White House Conference on Aging
Efficacy of Substance Abuse Interventions
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I have been invited by the National Coalition on Mental Health and Aging to speak with you about the efficacy of substance abuse interventions. I am a Research Associate Professor with the University of Michigan Department of Psychiatry.

An estimated 17% of older adults have problems related to their use or misuse of alcohol and medications such as benzodiazepines and sedative/hypnotics, the majority of whom do not meet DSM-IV criteria for abuse/dependence. In addition, an even larger percentage of the population of aging 'Baby Boomers' is expected to have problems related to alcohol and illegal drug use. The majority of older adults experiencing these problems do not recognize that their misuse of alcohol or medications/drugs is putting them at risk for further medical and mental health problems.

The comorbidity of mental illness and substance abuse exacerbates symptoms and often leads to treatment noncompliance, more frequent hospitalization, greater depression and potential for suicide, family friction, and higher service use and cost (DHHS, 1999).

There is a body of research showing that brief interventions and brief therapies are effective in helping at-risk older adults to cut down or stop using alcohol and to stop misusing medications. Brief interventions and brief therapies that use motivational interviewing principles and a supportive, nonjudgmental approach have been shown to be particularly effective with older adults. The SAMHSA Center for Substance Abuse Treatment (CSAT) Treatment Improvement Protocol #26 on older adults recommended that the least intensive options be explored first for older adults having problems related to substance use. When more specialized treatments are needed, age-specific approaches have been shown to be most effective, but regardless of the formal treatment program, studies have shown that older adults are significantly more likely to complete treatment than younger adults, one of the markers affecting longer-term outcomes.

There are also key areas for future work in this field in terms of research and training. There remains a need to conduct research to determine the best-practice approaches to intervention and treatment for various segments of the aging population. Finally, it is important to bridge the gap between research and practice through a state-of-the-art training directed to the broad base of health care providers who work with this vulnerable population of older adults.